

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES	
						1 12	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
0005		See Block 16C		15EM000545			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352		00601					
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) PENSER NORTH AMERICA INC Attn: PHIL VALDENS 700 SLEATER KINNEY RD SE, SUITE B #170 LACEY WA 985138513				(x)		9A. AMENDMENT OF SOLICITATION NO.	
						9B. DATED (SEE ITEM 11)	
				x		10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0003383	
						10B. DATED (SEE ITEM 13) 09/15/2014	
CODE 129467614		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule							
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).						
x	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 43.103(a) Mutual Agreement of the Parties						
	D. OTHER (Specify type of modification and authority)						
E. IMPORTANT: Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The United States Department of Energy, Richland Operations Office (DOE-RL) has a need for a Third Party Administrator (TPA) for the Workers' Compensation Program (WCP) at the Department of Energy Hanford Site, located in Richland Washington. This contract is subject to contract clause 52.232-18 Availability of Funds (Apr 1984). In accordance with mutual agreement of the parties, the purpose of this modification is to revise the ceilings of the base period values and total amounts for the following CLINS within the total amount on the contract: CLIN0001, CLIN0002, CLIN0005, CLIN0006, CLIN0009, and CLIN0013. This modification moves \$600.00 from CLIN0013 to CLIN0009 and deletes CLIN0013. This is a net-zero dollar change.							
Continued ...							
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				Linda K. Jarnagin			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)				Signature on File		01/02/2015	
				(Signature of Contracting Officer)			

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		2	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>This modification revises the following Contract Sections: H.1, H.10, and Section J - Table of Contents.</p> <p>This modification removes the following Contract Section: B.4(d).</p> <p>Details of this contract change are included on page 12 of this modification.</p> <p>All other terms and conditions remain unchanged.</p> <p>LIST OF CHANGES: Reason for Modification : Supplemental Agreement for work within scope Total Amount for this Modification: \$0.00 New Total Amount for this Award: \$4,345,531.38</p> <p>CHANGES FOR LINE ITEM NUMBER: 1 Description changed from CLIN0001 - New Indemnity Claims Base Period - CLIN0001A AND CLIN0001B 10/01/2014-09/30/2016 Base Period Value \$ 614,541.60 Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017 Option Year 1 Value \$330,280.36 Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018 Option Year 2 Value \$346,795.10 Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019 Option Year 3 Value \$370,344.52 Total Value with Base and all Options \$1,661,961.58</p> <p>Changed to CLIN0001 - New Indemnity Claims Base Period - CLIN0001A AND CLIN0001B 10/01/2014-09/30/2016 Base Period Value \$451,441.60 Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017 Option Year 1 Value \$330,280.36 Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018 Option Year 2 Value \$346,795.10 Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019 Option Year 3 Value \$370,344.52 Total Value with Base and all Options \$1,498,861.58</p> <p>Total Amount changed from \$1,661,961.58 to \$1,498,861.58</p> <p>CHANGES FOR LINE ITEM NUMBER: 2 Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		3	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Description changed from CLIN0002 - New Medical Claims</p> <p>Base Period - CLIN0002A AND CLIN0002B 10/01/2014-09/30/2016</p> <p>Base Period Value \$ 516,553.00</p> <p>Option Year 1 - CLIN0002C 10/01/2016 - 09/30/2017 Option Year 1 Value \$277,813.76</p> <p>Option Year 2 - CLIN0002D 10/01/2017 - 09/30/2018 Option Year 2 Value \$291,705.44</p> <p>Option Year 3 - CLIN0002E 10/01/2018 - 09/30/2019 Option Year 3 Value \$306,289.95</p> <p>Total Value with Base and all Options \$1,392,362.15</p> <p>Changed to CLIN0002 - New Medical Claims</p> <p>Base Period - CLIN0002A AND CLIN0002B 10/01/2014-09/30/2016</p> <p>Base Period Value \$418,053.00</p> <p>Option Year 1 - CLIN0002C 10/01/2016 - 09/30/2017 Option Year 1 Value \$277,813.76</p> <p>Option Year 2 - CLIN0002D 10/01/2017 - 09/30/2018 Option Year 2 Value \$291,705.44</p> <p>Option Year 3 - CLIN0002E 10/01/2018 - 09/30/2019 Option Year 3 Value \$306,289.95</p> <p>Total Value with Base and all Options \$1,293,862.15</p> <p>Total Amount changed from \$1,392,362.15 to \$1,293,862.15</p> <p>CHANGES FOR LINE ITEM NUMBER: 5</p> <p>Description changed from CLIN0005 - Transferred Medical Claims</p> <p>Base Period - CLIN0005 10/01/2014 - 09/30/2016 Base Period Value \$8,000.00</p> <p>Option Year 1 - CLIN0005 10/01/2016 - 09/30/2017 Option Year 1 Value \$4,000.00</p> <p>Option Year 2 - CLIN0005 10/01/2017 - 09/30/2018 Option Year 2 Value \$ 4,000.00</p> <p>Option Year 3 - CLIN0005 10/01/2018 - 09/30/2019 Option Year 3 Value \$4,000.00</p> <p>Total Value with Base and all Options \$20,000.00</p> <p>Changed to CLIN0005 - Transferred Medical Claims</p> <p>Base Period - CLIN0005 10/01/2014 - 09/30/2016 Base Period Value \$33,000.00</p> <p>Option Year 1 - CLIN0005 10/01/2016 - 09/30/2017 Option Year 1 Value \$4,000.00</p> <p>Option Year 2 - CLIN0005 10/01/2017 - 09/30/2018 Option Year 2 Value \$ 4,000.00</p> <p>Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		4	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Option Year 3 - CLIN0005 10/01/2018 - 09/30/2019 Option Year 3 Value \$4,000.00 Total Value with Base and all Options \$45,000.00</p> <p>Total Amount changed from \$20,000.00 to \$45,000.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 6 Description changed from CLIN0006 - Transferred Hearing Claims Base Period - CLIN0006 10/01/2014 - 09/30/2016 Base Period Value \$4,200.00 Option Year 1 - CLIN0006 10/01/2016 - 09/30/2017 Option Year 1 Value \$2,100.00 Option Year 2 - CLIN0006 10/01/2017 - 09/30/2018 Option Year 2 Value \$2,100.00 Option Year 3 - CLIN0006 10/01/2018 - 09/30/2019 Option Year 3 Value \$2,100.00 Total Value With base and all Options \$ 10,500.00</p> <p>Changed to CLIN0006 - Transferred Hearing Claims Base Period - CLIN0006 10/01/2014 - 09/30/2016 Base Period Value \$42,900.00 Option Year 1 - CLIN0006 10/01/2016 - 09/30/2017 Option Year 1 Value \$2,100.00 Option Year 2 - CLIN0006 10/01/2017 - 09/30/2018 Option Year 2 Value \$2,100.00 Option Year 3 - CLIN0006 10/01/2018 - 09/30/2019 Option Year 3 Value \$2,100.00 Total Value With base and all Options \$49,200.00</p> <p>Total Amount changed from \$10,500.00 to \$49,200.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 9 Description changed from CLIN0009 - Re-opened Legacy Hearing Claims (closed prior to October 1, 2014). Base Period - CLIN0009 10/01/2014 - 09/30/2016 Base Period Value \$101,500.00 Option Year 1 - CLIN0009 10/01/2016 - 09/30/2017 Option Year 1 Value \$50,750.00 Option Year 2 - CLIN0009 10/01/2017 - 09/30/2018 Option Year 2 Value \$50,750.00 Option Year 3 - CLIN0009 10/01/2018 - 09/30/2019 Option Year 3 Value \$50,750.00 Total Value with Base and all Options \$253,750.00</p> <p>Changed to CLIN0009 - Re-opened Legacy Hearing Claims (closed prior to October 1, 2014). Base Period - CLIN0009 10/01/2014 - 09/30/2016 Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		5	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Base Period Value \$300,000.00</p> <p>Option Year 1 - CLIN0009 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$50,750.00</p> <p>Option Year 2 - CLIN0009 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$50,750.00</p> <p>Option Year 3 - CLIN0009 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$50,750.00</p> <p>Total Value with Base and all Options \$452,250.00</p> <p>Total Amount changed from \$253,750.00 to \$452,250.00</p> <p>Obligated Amount for this modification: \$600.00</p> <p>Incremental Funded Amount changed from \$101,500.00 to \$102,100.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 13</p> <p>Description changed from CLIN0013 - Hanford</p> <p>General Employee Training (HGET) Expenses</p> <p>Base Period - CLIN0013 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$600.00</p> <p>Option Year 1 - CLIN0013 10/01/2016 - 09/30/2017</p> <p>Option Year 2 - CLIN0013 10/30/2017 - 09/30/2018</p> <p>Option Year 3 - CLIN0013 10/01/2018 - 09/30/2019</p> <p>Changed to CLIN0013 - Hanford General Employee Training (HGET) Expenses (Deleted)</p> <p>Total Amount changed from \$600.00 to \$0.00</p> <p>Obligated Amount for this modification: -\$600.00</p> <p>Incremental Funded Amount changed from \$600.00 to \$0.00</p> <p>Delivery Location Code: 00601</p> <p>Richland Operations Office</p> <p>U.S. Department of Energy</p> <p>Richland Operations Office</p> <p>P.O. Box 550, MSIN A7-80</p> <p>Richland WA 99352</p> <p>Payment:</p> <p>OR for Richland</p> <p>U.S. Department of Energy</p> <p>Oak Ridge Financial Service Center</p> <p>P.O. Box 4307</p> <p>Oak Ridge TN 37831</p> <p>FOB: Destination</p> <p>Period of Performance: 10/01/2014 to 09/30/2016</p> <p>Change Item 00001 to read as follows (amount shown is the total amount):</p> <p>Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		6	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00001	<p>CLIN0001 - New Indemnity Claims</p> <p>Base Period - CLIN0001A AND CLIN0001B 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$451,441.60</p> <p>Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$330,280.36</p> <p>Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$346,795.10</p> <p>Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$370,344.52</p> <p>Total Value with Base and all Options \$1,498,861.58</p> <p>Line item value is:\$1,498,861.58</p> <p>Incrementally Funded Amount: \$113,500.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01250 Appr Year: 2013 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01250 Appr Year: 2015 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1111552 Project: 0001522 WFO: 0000000 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 00922 Appr Year: 2015 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0000000</p> <p>Funded: \$0.00</p> <p>Change Item 00002 to read as follows (amount shown is the total amount):</p> <p>Continued ...</p>				1,498,861.58

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		7	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00002	<p>CLIN0002 - New Medical Claims</p> <p>Base Period - CLIN0002A AND CLIN0002B 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$418,053.00</p> <p>Option Year 1 - CLIN0002C 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$277,813.76</p> <p>Option Year 2 - CLIN0002D 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$291,705.44</p> <p>Option Year 3 - CLIN0002E 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$306,289.95</p> <p>Total Value with Base and all Options \$1,293,862.15</p> <p>Line item value is:\$1,293,862.15</p> <p>Incrementally Funded Amount: \$80,000.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01250 Appr Year: 2013 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01250 Appr Year: 2015 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1111552 Project: 0001522 WFO: 0000000 Local Use: 0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 00922 Appr Year: 2015 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0000000</p> <p>Funded: \$0.00</p> <p>Change Item 00005 to read as follows (amount shown is the total amount):</p> <p>Continued ...</p>				1,293,862.15

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		8	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00005	<p>CLIN0005 - Transferred Medical Claims</p> <p>Base Period - CLIN0005 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$33,000.00</p> <p>Option Year 1 - CLIN0005 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$4,000.00</p> <p>Option Year 2 - CLIN0005 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$ 4,000.00</p> <p>Option Year 3 - CLIN0005 10/01/2018 - 09/30/2019</p> <p>Option Year 3 Value \$4,000.00</p> <p>Total Value with Base and all Options \$45,000.00</p> <p>Line item value is:\$45,000.00</p> <p>Incrementally Funded Amount: \$8,000.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program:</p> <p>1720578 Project: 0000000 WFO: 0421567 Local Use:</p> <p>0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01759 Appr Year: 2014 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program:</p> <p>1720578 Project: 0000000 WFO: 0421567 Local Use:</p> <p>0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01250 Appr Year: 2013 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program:</p> <p>1111556 Project: 0001525 WFO: 0000000 Local Use:</p> <p>0421395</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>Fund: 01250 Appr Year: 2015 Allottee: 34 Report</p> <p>Entity: 421601 Object Class: 25299 Program:</p> <p>1111552 Project: 0001522 WFO: 0000000 Local Use:</p> <p>0421395</p> <p>Funded: \$0.00</p> <p>Change Item 00006 to read as follows (amount shown is the total amount):</p>				45,000.00
00006	<p>CLIN0006 - Transferred Hearing Claims</p> <p>Base Period - CLIN0006 10/01/2014 - 09/30/2016</p> <p>Base Period Value \$42,900.00</p> <p>Option Year 1 - CLIN0006 10/01/2016 - 09/30/2017</p> <p>Option Year 1 Value \$2,100.00</p> <p>Option Year 2 - CLIN0006 10/01/2017 - 09/30/2018</p> <p>Option Year 2 Value \$2,100.00</p> <p>Continued ...</p>				49,200.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		9	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Option Year 3 - CLIN0006 10/01/2018 - 09/30/2019 Option Year 3 Value \$2,100.00 Total Value With base and all Options \$49,200.00 Line item value is:\$49,200.00 Incrementally Funded Amount: \$4,200.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Change Item 00009 to read as follows (amount shown is the total amount):				
00009	CLIN0009 - Re-opened Legacy Hearing Claims (closed prior to October 1, 2014). Base Period - CLIN0009 10/01/2014 - 09/30/2016 Base Period Value \$300,000.00 Option Year 1 - CLIN0009 10/01/2016 - 09/30/2017 Option Year 1 Value \$50,750.00 Option Year 2 - CLIN0009 10/01/2017 - 09/30/2018 Option Year 2 Value \$50,750.00 Option Year 3 - CLIN0009 10/01/2018 - 09/30/2019 Option Year 3 Value \$50,750.00 Total Value with Base and all Options \$452,250.00 Line item value is:\$452,250.00 Incrementally Funded Amount: \$102,100.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Continued ...				452,250.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0003383/0005	PAGE	OF
		10	12

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111557 Project: 0001526 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: \$600.00 Change Item 00013 to read as follows (amount shown is the total amount): 00013 CLIN0013 - Hanford General Employee Training (HGET) Expenses (Deleted) Line item value is:\$0.00 Incrementally Funded Amount: \$0.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: -\$600.00				